



ORIGINAL ARTICLE

Results of Total Laryngectomy as Treatment for Locally Advanced Laryngeal Cancer in the Organ-Preservation Era[☆]



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KEYWORDS

Laryngeal cancer;
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Abstract

Introduction and objectives: Total laryngectomy (TL) and postoperative radiotherapy (RT), when indicated, have proven to be effective in treating cases of locally advanced laryngeal cancer. The aim of this study was to analyse the oncological outcomes of this procedure in patients with laryngeal cancer classified T3 and T4a.

Methods: We studied 80 patients (51 T3 and 29 T4a) with primary squamous cell carcinoma of the larynx who underwent TL between 1998 and 2006. Bilateral neck dissection was performed in 54 patients, unilateral in 11, and central in 4. Twenty patients (25%) received postoperative radiotherapy.

Results: Mean age was 64 years with a male predominance (97%). As for habits, 96% were smokers and 89% consumed alcohol. Lymph node metastases occurred in 44% of patients and extracapsular invasion in 37% of them. All cases had tumour-free margins. In all, 25% of patients had loco-regional recurrence and 5% developed distant metastases. The 5-year disease-specific survival was 72% and 5-year overall survival was 55%. Variables associated with decreased disease-specific survival were T4 classification ($P=.068$), N2–N3 classifications ($P=.005$), extracapsular invasion ($P=.018$) and stage IV disease ($P=.009$). On multivariate analysis, the only variable associated with decreased disease-specific survival was the presence of N2–N3 nodal metastases ($P=.008$).

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Conclusions: TL is an effective treatment for the management of patients with locally advanced laryngeal cancer. Organ preservation protocols should achieve similar oncological results to those obtained with TL.

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PALABRAS CLAVE

Cáncer de laringe;
Laringectomía total;
Radioterapia;
Pronóstico

Resultados de la laringectomía total en carcinoma localmente avanzado de laringe en la era de la organopreservación

Resumen

Introducción y objetivos: La laringectomía total (LT), más eventual radioterapia (RT), ha demostrado ser un tratamiento eficaz en los casos de cáncer de laringe localmente avanzado. El objetivo de este trabajo es analizar los resultados oncológicos de este procedimiento en pacientes con cáncer de laringe T3 y T4a.

Métodos: Se incluyeron 80 pacientes (51 T3 y 29 T4a) con carcinoma epidermoide primario de laringe tratados mediante LT entre los años 1998 y 2006. Se realizó vaciamiento cervical bilateral en 54 pacientes, unilateral en 11 y central en 4. Veinte pacientes (25%) recibieron RT postoperatoria.

Resultados: La edad media fue de 64 años, con predominio de varones (97%). El 96% eran fumadores y el 89% consumía alcohol. Un 44% de los pacientes presentaba metástasis ganglionares, y de estos un 37% mostró invasión extracapsular. En todos los casos se obtuvieron bordes libres de tumor. Un 25% de los pacientes presentaron recidiva locorregional y 5% desarrollaron metástasis a distancia. La supervivencia específica a 5 años fue de un 72% y la global del 55%. Las variables asociadas a menor supervivencia específica fueron la clasificación T4 ($p=0,068$), la clasificación N2-N3 ($p=0,005$), la invasión extracapsular ($p=0,018$) y el estadio IV ($p=0,009$). En el análisis multivariante la única variable significativa para la supervivencia específica fue la clasificación N2-N3 ($p=0,008$).

Conclusiones: La LT es un tratamiento eficaz para el manejo de los pacientes con cáncer de laringe localmente avanzado. Los protocolos de preservación de órgano deberían alcanzar resultados oncológicos similares a los demostrados por la LT.

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Introduction

Laryngeal cancer accounts for approximately 2% of total tumours in males and 0.4% in females, and is responsible for 1% of deaths caused by cancer. The estimated incidence of laryngeal cancer in Spain in 2012 was 1.1 cases per 100 000 inhabitants for women and 12.6 cases per 100 000 inhabitants for men, and there is a trend towards a decrease in men and an increase in women which is probably related to a change in society's toxic habits.¹

Laryngeal cancer is the paradigm of efforts made to try to combine the major therapeutic objectives (loco-regional control and increase in survival) with preservation of function, given the essential role of the larynx in communication. In locally advanced stages (T3, T4) total laryngectomy (TL) (with postoperative radiotherapy [RT] in cases with risk factors) has proven to be an effective treatment, and no study has obtained better oncological outcomes than this one.²⁻⁵ However, since the publication of the study by the *Department of Veterans Affairs Laryngeal Cancer Study Group* (VALCSG),⁴ and particularly since the publication of

the *Radiotherapy and Oncology Group* (RTOG) 91-11 trial⁶ there has been a change in the treatment paradigm of advanced laryngeal cancer, from surgery to a combination of chemotherapy and RT, aimed at preserving laryngeal function. In accordance with this latest study, the standard treatment in stage T3 laryngeal cancer is currently concomitant chemo-radiotherapy.⁶ However, TL continues to have a role to play in those patients who are not indicated for chemo-radiotherapy due either to the tumour characteristics (bulky tumours or tumours combined with cartilage destruction), or to their general or social conditions.

Change in treatment regimes for advanced laryngeal cancer has led to a reduction in the use of TL, and also of the type of patients on whom it is performed,^{7,8} with few works currently showing the outcomes of TL as primary treatment for advanced laryngeal cancer. The aim of our study was to analyse the oncological outcomes obtained in patients with locally advanced laryngeal cancer on whom TL had been performed in recent years as initial treatment, prior to implementing organ preservation treatment in our hospital. Since this group of patients had been treated

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